BOARD OF CONTROL

(ENGLAND AND WALES).

COMMITTEE ON NURSING IN COUNTY AND BOROUGH MENTAL HOSPITALS.

REPORT

OF THE

DEPARTMENTAL COMMITTEE

Appointed to inquire into the Nursing Service in County and Borough Mental Hospitals.

LONDON:
PUBLISHED BY HIS MAJESTY'S STATIONERY OFFICE

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The cost of the preparation and publication of this report is £151 5*s*. 6*d*., of which £42 3*s*. 9*d*. represents the cost of printing and publication.

COMMITTEE ON NURSING IN COUNTY AND BOROUGH MENTAL HOSPITALS.

REPORT.

To THE CHAIRMAN AND COMMISSIONERS OF THE BOARD OF CONTROL.

As requested and in our capacity as a Committee, appointed on the 22nd of March, 1922, by the Board of Control, with the approval of the Minister of Health, we have given careful consideration to the terms of the reference submitted to us, which was as follows :—

> " To consider the Nursing Service in County and Borough Mental Hospitals, and in what directions it can be improved."

This reference was, among other matters, the outcome of a Conference* convened in January, 1922, at the instance of Sir Frederick Willis, K.B.E., C.B. (Chairman of the Board of Control), which was attended by the Chairman of the Committee of Visitors and the Medical Superintendent of practically every county and borough mental hospital in England and Wales.

As desired by the Minister of Health, we have also carefully considered the following further reference transmitted to us :—

> " That the Departmental Committee on the Nursing Service should be asked to consider the following suggestions :—
>
> " (*a*) Some distinction should be made between the two nursing duties, namely, nursing proper and social duties ; that the hours devoted to the former should be relatively few, but that more time should be given to the latter ; and that the present rigid system involving short shifts of duty should be discontinued.
>
> " (*b*) The mental nursing service requires co-ordination with the general body of nursing, and steps should be taken to attract a better class of probationer, particularly in the case of female nurses.
>
> " (*c*) Every institution should have at least one fully qualified hospital nurse on its staff."

This additional reference and the suggestion that it should be remitted to this Committee were among the recommendations contained in the Report of the Departmental Committee appointed by the Minister in December, 1921, to investigate and report on the charges made by the writer of a book entitled " The Experiences of an Asylum Doctor."

I.—Work of the Committee.

We met for the first time on the 5th day of May, 1922, and have held twenty-four meetings, besides which there have been meetings

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* (*See* report of the Proceedings of the Conference to consider in what directions Lunacy Administration and the Treatment of Persons suffering from Mental Disease may be improved ; 19th and 20th January, 1922. Published by H.M. Stationery Office.)

of sub-committees of our members, to whom from time to time we have remitted special sections of the work. We examined twelve witnesses: namely, a Commissioner of the Board of Control, four medical superintendents of public mental hospitals, two members of the General Nursing Council, one matron of a public mental hospital, two head male nurses of public mental hospitals, one matron of a general hospital, and a member of the editorial staff of the *Spectator*. An invitation which we sent to the National Asylum Workers' Union to give evidence was declined.

We have had conversations with the superintendent, medical officers, matron, chief male nurses, and a considerable number of the nursing staff at the several mental hospitals we visited, including three institutions in Scotland. An opportunity was also afforded us of attending two meetings of the Mental Nursing Committee of the General Nursing Council, and by thus meeting them in conference, by the attendance at one of our own meetings of two of their members, and by other informal means, we have kept ourselves in touch with the Council's work. Much detailed information of importance has been gathered by letters of inquiry and questionnaires addressed to medical superintendents of county and borough mental hospitals and to matrons of a number of general hospitals; in the questionnaires, besides the answers to specific questions, each superintendent, in conjunction with his nursing staff, was invited to furnish the Committee with his general opinion and with any suggestions he might feel disposed to offer.

In order to broaden the source of our information and to get as far as practicable into touch with individual members of the nursing staffs, so as to enable us the better to appreciate their professional ambitions and difficulties, a suggestion was made to medical superintendents that, subject to the approval of their respective Visiting Committees and themselves, advantage might accrue from the posting of a notice inviting any nurse, male or female, to forward a communication to the chairman of the Nursing Service Committee.

Some Guiding Principles.

We have found ourselves unanimously agreed upon the following principles:—

(*a*) That, in the treatment of mental disorders, skilled, tactful and kindly nursing is at least as essential as in the nursing of any other form of illness.

(*b*) That the quality and standard of nursing required demands adequate training, without which it is undesirable that anyone should be placed in charge of a ward for mental disease.

(*c*) That to obtain this training systematic instruction, theoretical as well as practical, by qualified teachers, is essential.

(*d*) That a good training requires not only adequate arrangements but also a wide field of clinical experience, the realization of which may entail mutual co-operation between hospitals.

(*e*) That to accomplish the ends in view, it must be recognized by the governing authorities that nothing short of a high standard of training will suffice, even though this training is costly.

(*f*) That, to prevent wastage either of effort on the part of the teachers or of public expenditure, mental nursing should be regarded as a vocation; and candidates for training should be bound by some form of contract.

(*g*) That as mentally sick patients, equally with other persons, are liable to bodily diseases—the latter being, indeed, not infrequently the cause of mental illness—nurses in attendance on mental cases must have a knowledge of general nursing, and this knowledge ought to be the foundation of their training in purely mental nursing. Conversely, the general nurse needs, for the highest fulfilment of her duties, some acquaintance with the elements of Psychology and some knowledge and experience of mental nursing.

(*h*) That it is fundamentally important to regard mental nursing not as a separate profession, but as a branch of the nursing profession. For attainment of success, the ideal experience is that of complete training in both general and mental nursing. As for many years to come, and perhaps always, the majority of persons desiring to take up mental nursing will probably seek their initial experience at a mental hospital, facilities at a general hospital for those who desire to complete their training in general as well as mental nursing must be available.

II. The Mental Hospitals and Nursing Staffs.

(1) *The number of Institutions* having the status of county and county borough mental hospitals is 97.* Their ages range from 110 to 3 years,† and this diversity in age complicates our problem; for, as is natural, many of the older ones do not, in all respects, comply structurally with modern requirements.

(2) *Bed capacity.*—The largest hospital is that at Whittingham, which has accommodation for 2,838 beds and is one of the five mental hospitals for Lancashire; and the smallest is that for the city of Canterbury, with 272 beds. The total number of available beds at the date of this report is 108,646.

(3) *The control and management* of each hospital is mainly autonomous and is vested in a statutory Committee of Visitors comprised of members of the respective county or county borough councils. In some, but not many, instances there is at present at least one woman on the Committee. To some extent her presence is fortuitous, depending upon whether there is a woman on the Council able and willing

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* This number is exclusive of the County of London (Ewell) Epileptic Colony, which is on loan to the Ministry of Pensions; and of the Maudsley Hospital for the county of London, which was opened by the Minister of Health in January, 1923; owing to its special character and the fact that only voluntary cases are admitted, the figures relating to the latter have been omitted from our purview.

† The mental hospital at Thorpe for the county of Norfolk was opened in 1814, and that at Park Prewett, for Hants, Bournemouth and Southampton, in 1921.

to act. We are glad to hear that legislation is contemplated under which the presence of at least two women on each Committee of Visitors will be secured.

At the head of each hospital and in paramount authority over all officers and staff is a medical superintendent; when temporarily absent, his duties are performed by the deputy superintendent, usually the senior of his medical colleagues, whose number, varying with the size of the institution, ranges from one to eight.

(4) *Arrangement and number of the Nursing Staff.*—At all these hospitals, at the head of the nursing staff on each side is a principal officer. On the male side he is known as the "chief male nurse" (at some places as "inspector"); his authority extends only over the male nursing staff. On the female side there is a matron who, subject to the superintendent, is in full control over all female officers, nurses and domestic staff, except in the cases of some 20 hospitals at which the domestic, laundry and kitchen staff are under a housekeeper or other official. The chief male nurse has to assist him head male nurses (or deputy head male nurses), one or more according to the number of patients; and there are assistant matrons and head nurses, one or more, to assist the matron. To each of the head nurses—male and female—where there are two or more, the supervision of a number of wards (staff and patients) is assigned; they are not in charge of the wards, and they have as their headquarters an office more or less in association with that of the chief male nurse (or inspector) and the matron. For general supervision at night some, but by no means all, of the hospitals include in their establishment a head night nurse on each side.

It should be explained that a "ward" in a mental hospital comprises what is practically a self-contained unit, including night and day accommodation, for a specified number of patients. Except where there is a central dining hall the occupants of a ward live and sleep in this unit, though occasionally, because of structural difficulties, a few of the patients may have to sleep outside their unit.

Subordinate to the above-mentioned officers are nurses, of whom varying proportions are employed. Formerly, the generally accepted number as respects the day staff, including those off duty and on leave, was about 1 to every 10 patients; but, owing to the many different systems of duty hours now in force and the way in which they are applied, the quotation of any such proportion at the present time would be misleading. It can, however, be stated that a recent census of nurses actually on duty with the patients during the daytime showed proportions of 1 nurse to 9 patients on the male, and 1 nurse to 10 patients on the female side; and by night 1 to 55 on the male and 1 to 56 on the female side. Speaking generally, these nurses, male and female, are ranked according as they are in charge or deputy-charge of a ward, the remainder being classified as nurses or probationers. Comparatively recently, for women nurses the terms sister, staff nurse, and probationer have been adopted in a number of mental hospitals.

At night time there are nurses who are in charge of dormitories which they do not leave, and others who patrol what are commonly

spoken of as non-observation dormitories and those single rooms which do not open off dormitories under continuous observation. At present by far the majority of those who do duty by night do so permanently; while designated night-nurses they are usually paid as charge nurses.

For the most part, wards on the male side of the hospitals are staffed by male nurses and on the female side by women nurses; but in about one-fourth of them one ward or more on the male side is either wholly or partly staffed by women nurses, and this proportion shows a tendency to increase.

(5) *Pension rights of the Nursing Staff.*—There is an important point of difference between the nursing staff at public mental hospitals and those at general and other special hospitals. Though the latter may ultimately receive a pension under some private or permissive scheme, they have no statutory right to one, whereas, under the Asylum Officers' Superannuation Act of 1909, mental nurses on the permanent staff of institutions are entitled to a pension at the age of 55 and after 20 years of service. It is assessed at 1/50th of their salary and emoluments for each completed year. Special pensions or gratuities may also be paid if nurses are incapacitated from further duty; and in the event of death occurring in the course of service, gratuities or annual allowances may be paid to dependants.

(6) *Numerical Summary.*—The subjoined table sets out the approximate number of nursing posts in the county and borough mental hospitals in England and Wales, and indicates the scope of opportunity offered at these hospitals to those who desire to take up mental nursing as a profession.

NUMBER OF POSTS ON NURSING STAFF.

Male Staff.		*Female Staff.*	
Chief Male Nurses ..	97	Matrons	97
Deputy do.	93	Assistant do.	110
Head Nurses	86	Head Nurses	149
Charge do.	1,085	Charge do.	1,300
Others	5,187	Others	6,700
Night Staff	870	Night Staff	1,175
Total	7,418	Total	9,531

III. Training.

PRESENT POSITION.

(1) Until the establishment of the Register of Nurses under the Nurses' Registration Act of 1919, which, among its Supplementary Parts contains one for mental nurses, the accepted evidence of full training as a mental nurse was the possession of the nursing certificate of the Medico-Psychological Association. It is the duty of the Registrar of the Association to maintain a register of the names of all

mental nurses—men and women—to whom this certificate has been granted and to delete from it the name of anyone from whom it has been withdrawn. The total number of nursing certificates granted by the Association up to the 31st of March, 1924, was 17,429, including 146 as respects mental deficiency.

(2) The requirements of the Medico-Psychological Association with respect to experience, training and examination for its certificate in mental nursing are briefly as follows :—

(i) The training is spread over a period of three years, and the probationer must take out the whole of it in one mental hospital recognized by the Association. (ii) In each of these years a course of 20 lectures and 15 demonstrations is given by the medical and senior nursing staff; and the probationer must attend at least 15 lectures and 12 demonstrations yearly, and must sit for such class examinations as are annually held. (iii) On completion of the first year's training the probationer is eligible to sit for the Preliminary examination. (iv) After 2 years and 6 months (new regulations), he (or she) is eligible to sit for the Final examination, and if successful, will be awarded the certificate on completion of 3 years' service. (v) Student nurses are expected to study the "Handbook of Nursing" issued by the Association.* (vi) The examinations are held twice yearly and consist of written, oral and practical sections. (vii) At least one year must elapse between the passing of the Preliminary and sitting for the Final examination.†

For the purposes of these requirements, all the county and borough mental hospitals are recognized by the Association.

(3) The syllabus‡ of training for admission to the Mental Nurses' Supplement of the Register of the General Nursing Council§ covers much the same ground as that of the Medico-Psychological Association for its certificate. The training occupies about the same time, but need not be undertaken at one hospital alone. This is owing to the fact that the Preliminary examination of the Council is the same for all branches of nursing, the training for its Final examination being devoted to the particular branch which the candidate wishes to enter as a registered nurse.

The division of the State examination into two parts (Preliminary and Final) was an arrangement which was strongly urged upon the Council by this Committee. It is with satisfaction that we record

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* Published by Messrs. Balliere, Tindall & Cox, Seventh Edition, 1923, price 6*s*.

† The fees payable by a nurse in respect of these two examinations amount to 17*s*. 6*d*. Further particulars can be obtained from the Registrar, Medico-Psychological Association, 11, Chandos Street, Cavendish Square, W

‡ Obtainable at the offices of the General Nursing Council, 12, York Gate, Regent's Park, N.W. 1. Price 6*d*., or post free 8*d*.

§ The fees for the examinations of the Council total £5 5*s*. 0*d*., *i.e.*, £2 2*s*. 0*d*. for the Preliminary and £3 3*s*. 0*d*. for the Final.

firstly the Council's adoption of this arrangement, thus securing the status of mental nursing as an integral part of the nursing profession, and paving the way to reciprocity in arrangements for training between general and mental hospitals; secondly, the decision that a nurse who has been placed on the State Register for mental nurses will be allowed to enter for the Final examination of the General Register after a two years' course in an approved general hospital or Poor Law infirmary; and, thirdly, that, resulting from a conference convened at the suggestion of the Board of Control by the Minister of Health on the 13th December, 1923, between representatives of the General Nursing Council and the Medico-Psychological Association, efforts are being made to avoid the necessity of a nurse, who desires to obtain both Registration and the Association's certificate, having to pass two Final examinations. We earnestly hope that these efforts may be successful.

(4) During the war, at most of the mental hospitals, there was serious dislocation in the arrangements for training the nursing staff. At the commencement of our inquiry, there were still two or three places at which lectures were in abeyance, but now there is no county or borough mental hospital in England and Wales at which at least one full course of instruction is not given during the year. This instruction is given by the medical officers, matrons, assistant matrons, chief male nurses and head nurses. At several mental hospitals an important and far-reaching advance in training has been made by the appointment of a *sister-tutor* or of an assistant matron to act as tutor.

(5) *State of training and duration of service.*—The following table illustrates the state of training (Medico-Psychological Association certificate) of the nursing staff. The particulars relate to 87 of the mental hospitals in respect to which the necessary information was supplied :—

	No. on Staff.		Rank.	No. with Final Certificate.		No. passed Preliminary Examination.		Residue.	
	M.	F.		M.	F.	M.	F.	M.	F.
	901	1,119	Charges	510	635	61	139	330	345
	695	865	Deputy Charges	326	241	145	235	224	389
	3,742	4,421	Day Nurses ...	525	111	925	625	2,292	3,685
	743	1,009	Night Nurses ...	227	168	113	168	403	673
Total	6,081	7,414		1,588	1,155	1,244	1,167	*3,249	*5,092
			1923: Percentage to total ...	26·12	15·58	20·45	15·74	53·43	68·68
			1922: „ „ „ ...	22·40	12·95	17·37	11·87		

*Of these totals M. 2266 and F. 3740 are stated to be undergoing training—though the majority of those already possessing the Preliminary certificate are included.

In assessing the proportions of the staff certificated in mental nursing, and especially as respects the women, an important factor is their duration of service—as to which a wide difference between the men and the women will be observed. Thus, from the returns for 1923, we ascertained that as many as 50 per cent. of the men can claim over five years' service at their hospital in contrast with only 20 per cent. of the women; and that, on the other hand, while there are scarcely 11 per cent. of the men with under one year's service, there are no less than 32 per cent. of the women who have not yet completed a year at the hospital where they are at present employed. If the percentages expressing the numbers who have passed one or both examinations are recalculated upon the numbers of those who by their duration of service may fairly be expected to have so passed—a sufficiently approximate mode of calculation—proportions much more favourable to the women then emerge; thus, it would then appear that, of those with over five years' service, 56 per cent. of the men and 70 per cent. of the women are certificated in mental nursing, and that, of those with over one year's service, 25 per cent. of the men and 22 per cent. of the women have passed the Preliminary examination.

While, under the ægis of the Medico-Psychological Association, much activity in teaching and training evidently is in progress at the hospitals generally, the figures as to duration of service bring out a fact that is both impressive and disquieting, viz., that, in the absence at present of any binding undertaking to stay and complete their training (see pp. 16 and 18) a far too high proportion of the women enter the service without either realizing its vocational nature or seriously intending to undergo training. How significant is this fact and the paramount importance we attach to it will be apparent in the course of our report.*

(6) *Facilities for training* in the hospitals vary greatly. This variation depends particularly upon :—

(i) *Size of the institution*—the larger ones naturally affording a greater clinical field. The difference specially affects the amount of experience obtainable in sick nursing; for, while the smallest of the hospitals may offer quite sufficient scope for learning purely mental nursing, we have grave doubts whether they afford adequate opportunity for acquiring the practical essentials in general nursing. If ten per cent. of the total patients in residence be taken as representing an average number of patients under treatment in bed, it follows that in the smallest hospitals there must be less than 20 patients thus available for instruction and some of these

*In analyzing the reasons assigned for the voluntary resignations of 186 male and 1,828 women nurses, and for the enforced resignations of 134 and 400 respectively—which were the figures from 71 of the hospitals during a period of nine months—we found, in the voluntary resignations, that 21 per cent. of the men, in contrast with 0·7 per cent. of the women, were accounted for by superannuation; and that in 28 per cent. of the women marriage was the reason. Of the total 2,548 resignations, *bad health* was the reason in 8·5 per cent.—about equally distributed as to sex.

will be purely mental cases. While we commend this point to the attention of the authorities when approving institutions for training, we desire to record that in actual practice excellent mental nurses have not infrequently received their training at these smaller hospitals.

(ii) *Thoroughness of classification.*—Classification of mental cases is a matter of great difficulty. Theoretically, the nursing of the various types might best be studied and taught by classifying the patients according to the varieties of their mental illness, *e.g.*, a ward for general paralytics, another for cases of dementia præcox, and so forth. The diversity of symptoms and behaviour in the same type of mental disorder and the absence of a sufficient number of small wards makes such a principle impossible to follow. The practice of dividing recent and recoverable patients from cases of long standing mental disorder, and the further classification of each of these two groups according to behaviour, is that which is generally followed. This arrangement provides a basis for a wide range of clinical experience if every nurse is allowed a period of duty in each type of ward.

(iii) *Night Nursing.*—Although we recognize that, judged by the infrequency at night of accidents and other untoward events, and by the meritorious rarity in most mental hospitals of bedsores, much good work is accomplished by the existing night staff, and that their number provides for the general safety of the patients, we believe there are many patients who, by reason of their mental symptoms and habits, are in need of more individual attention than can be given by the existing number of nurses on duty at night. The night nursing of patients manifesting acute mental symptoms must be taught, and competency cannot be acquired from a code of instructions and the making of night reports. In only 44 hospitals is there a night official ranking as an officer.

(iv) The provision of *verandahs*, *continuous baths* and other methods of *hydrotherapy*, apparatus for *electrical treatment*, an *operating* room with equipment for the sterilization of dressings, a *dental room* and an X-*ray installation*, are valuable aids to the adequate treatment of mental illness. Hospitals so equipped afford greater facilities for the training of nurses.

(v) *Lecture and quiet rooms.*—The places where lectures and instruction are given, and the provision of a quiet room for study, and a reference library, are important matters. Some 20 hospitals set apart a room for lectures; in 30 instances the committee, recreation or visiting rooms are used, and in the remainder various other rooms. On the male side at 20, and on the female side at 18 hospitals there is a "quiet room." The importance of this provision is all the greater if a nurse has to share a bedroom.

(vi) *Nurses' Homes.*—This provision varies greatly and cannot be set out in the space at our disposal. Owing to the facts that, as respects male nurses, restriction on the number who may be married has been practically abolished and that married men may live out, the question of the provision of these homes, which in our opinion is of great importance, arises almost entirely on the female side. The semi-collegiate and corporate life which is possible in a nurses' home should form a prominent part of a probationer's training. The opportunities it provides for promoting *esprit de corps* and the acquiring of nursing etiquette, for mutual discussion, the making of friends, and social enjoyment, are of the highest value in the formation of character. We take no exception to a proportion of the female nursing staff living out*, but we see grave objection to this being permitted during the period of training.

(7) *Facilities for which little or no present provision exists—*

(i) *Initial tuition free from ward duty.*—Some general hospitals follow this practice for varying periods, but, so far as we are aware, no mental hospital affords a systematic introductory period of instruction before the probationer is assigned duties in the wards. (*See* p. 23).

(ii) *Refresher Courses.*—We are not aware of the existence of organized refresher courses for the certificated staff at mental hospitals, nor of general facilities for attending courses in higher branches of nursing at other training establishments.

(8) *Optional or Compulsory Training.*—At present attendance at lectures and demonstrations is still in some cases optional, though we are glad to record that compulsory training is becoming more general. We are fully aware of the difficulty of compelling the whole of the present staff to study and sit for examinations; indeed, it would be unreasonable to expect those nurses who have spent many years in the service to undertake now the very considerable amount of book-work which is involved in the present syllabus. In our recommendations concerning the future of the staff we have recognized this fact.

The value and necessity of professional training.—The view of the majority of medical superintendents is that the need for organized and progressive training is paramount, and that the absence of compulsory training in the past has seriously hampered progress in the successful treatment of patients. We have noted with pleasure that desire for training is now being shown by the staff themselves. The head male nurses who gave evidence before us stated that the younger

*At two of the hospitals the whole of the female nursing staff sleep and find their own meals outside the institution. At some thirty of the others a proportion, generally small, sleep out; taking these thirty hospitals together, there are about 5 per cent. of the day staff who thus sleep out.

recruits readily appreciate the advantages of becoming properly trained and show keenness in their studies. One of our witnesses mentioned that even in his earlier years of service there were many good nurses who regretted the few facilities which then existed for acquiring sound training; and we know of some entrants to the service who have left it because they were disappointed with the meagreness of the training facilities offered.

Binding contracts.—In very few instances are the staff bound by contract to remain for the period of training. We understand, moreover, that in the few cases where such contracts are made they are not rigorously enforced. It is common knowledge that general hospital probationers are bound by agreement for the duration of their training, and they do not appear to regard this as a hardship. Our recommendation on this matter will be found at p. 18.

Future Facilities for Training in Mental Nursing.

Scheme recommended:—

We have already indicated that if mental nurses are to take their rightful place in the nursing profession the most complete training and facilities for passing their examinations must be provided.

(1) *Right Type of Applicant.*—Clearly, the first requirement is to attract the right type of applicant and the evidence at our disposal points to the fact that this is not so much a question of high initial salary as of offering a really good training, with fair living conditions, and the prospect of well paid responsible posts on attaining proficiency. It is a point of first importance that candidates should feel they have a vocation for nursing—preferably, for mental nursing—and are not entering the profession merely as a temporary means of livelihood. They should be over 18 years of age, and have had a good secondary school education.* The source and the actual mode of obtaining persons of the right type is referred to under Section IX.

(2) *Organized effort essential.*—To secure equality of opportunity and uniformity in the standard of training, we consider it essential that no mental hospital should accept nurses for training unless it is able to afford proper facilities for that purpose. Now that the Preliminary examination is to be the same for all branches of nursing, it is also essential that the standard of education and initial training of the mental nurse should compare favourably with that of the general nurse. We have already expressed a doubt as to whether on the score of available clinical experience in bodily illness proper facilities can be obtained at every mental hospital. We consider that in order to place nursing at the county and borough mental hospitals upon an assured and thoroughly sound footing, organized effort, based upon mutual understanding and appropriate inter-hospital arrangements, is imperative.

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* It has been represented to us, and there is much to be said for the suggestion, that if candidates—especially in the case of women—of considerably maturer age (27 to 35) were accepted, there would be a much better chance of obtaining those of the desired type.

(3) *Criteria for recognition as a Training School.*—Probably no single criterion is in itself sufficient ; size, construction and site of the hospital, number of patients in each sex, number of admissions, number of sick wards, number and efficiency of teaching staff, and number of student nurses are all of importance. Experience shows that, to create the right atmosphere, training centres should provide for a sufficient number of students.*

(4) *Grading of Mental Hospitals for Training.*—We propose that hospitals be divided into three grades :—

(A) Hospitals possessing the necessary facilities for the full curriculum in mental nursing (the Preliminary and the Final examinations).

(B) Hospitals possessing the necessary facilities for the Final examination only ; and

(C) Hospitals not recognized as training schools.

With respect to grade (B) we recommend that, when it becomes practicable, such hospitals should accept no nurse who has not already passed the Preliminary examination. As to grade (C) the number of hospitals in this class will be very small and the nurses will for the most part have to receive their training elsewhere : some of them will no doubt enter these hospitals before they have received training ; and, in such cases, they should be recommended to a recognized school for the purpose of obtaining it.

Subjoined are the principal requirements which we consider should be laid down for grades (A) and (B) :—

(A) *Training School for Complete Curriculum* (Preliminary and Final examinations) :—

(*a*) Must satisfy the approving authorities that, by its facilities, it is eligible for approval.

(*b*) Must possess a nurses' home or other corresponding accommodation. This should be under the control of a home-sister or other responsible official capable of inculcating the ethics of nursing and teaching hospital etiquette.

(*c*) Must have a suitable room or rooms, adequately equipped, for giving lectures and demonstrations.

(*d*) Must have at least one sister-tutor.

(*e*) Must have ward sisters, preferably doubly-trained (*i.e.*, in general as well as mental nursing), able to give, and sign-up probationers as having received, practical ward instruction.

(*f*) Should have not less than an average of 30 student nurses always in training.

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* The minimum we suggest is 10 first year, 10 second year and 10 third year probationers or thereabouts.

(B) *Training School for Partial Curriculum* (Final examination only) :—

(*a*) Must satisfy the approving authorities that, by its facilities, it is eligible for approval. No hospital should be approved unless clinical opportunity is provided of seeing all stages of the various forms of mental disorder.

(*b*) Must have a suitable room for giving lectures and demonstrations, and the necessary equipment for teaching.

(*c*) Must have a sister-tutor or doubly-trained matron or assistant matron capable, and available as to time, of acting as sister-tutor and of signing-up probationers for their practical ward instruction.

(5) *Teaching by Medical Staff.*—Under the foregoing requirements, nothing has been said about the number of medical officers available for teaching. The importance of this point has not been overlooked, but it is to be remembered that no county and borough mental hospital is without a medical superintendent and at least one other medical officer. We, however, suggest that there is room for development in the direction of arranging for medical and other visiting lecturers.

(6) *Binding contracts to complete a specified course of training.*—Inasmuch as training must entail some expense, we are of opinion that probationers should be bound by agreement to remain for the full period of training.

(7) *Refresher Courses.*—Apart from leave of absence to complete their training at a general hospital, we are of opinion that at each of the mental hospitals a short course should be held annually for certificated nurses, in order to maintain their scientific interest and knowledge and enable them to keep pace with modern requirements. The institution in 1911 at the University of Leeds of a diploma in nursing was an innovation of some moment. If other Universities would offer similar inducements for the higher study of nursing, a beneficial impetus would be given which would go far in the direction we have here in mind. Addresses by well recognized authorities, as have occasionally been given in the past,* are of value in encouraging and sustaining interest in nursing.

(8) *Reciprocity.*—The scheme may be considered as it affects—

(i) Mental hospitals only.

(ii) General and mental hospitals.

(i) It is essential for success that provision should be made for the affiliation where necessary of two or more mental hospitals for their mutual advantage, in order, firstly to provide adequate facilities and material for a full training school (grade A), and secondly, to secure the

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* *See* "Addresses to Mental Nurses," edited by Dr. Bedford Pierce, published by Messrs. Ballière, Tindall & Cox, 1924.

training and promotion of the staff in hospitals in those groups only partially or not at all recognized as schools (grades B and C).

Every hospital recognized as a training school for the complete curriculum (grade A) could by arrangement have affiliated to it one or more hospitals in grades (B) and (C). Affiliation will be most easily secured between hospitals situated in one county, but in some cases co-operation between two or more counties may be necessary.

In the ordinary course, grade (B) hospitals would take from the training school senior probationers to complete their training for the certificate, and grade (C) hospitals would take staff nurses; and both (B) and (C) hospitals would be entitled to consideration in the placing of senior probationers and staff nurses trained in the school, but they would also have the power to engage staff from any source.

In the early development of this scheme, hospitals in grade (B), and especially in grade (C), will doubtless be placed in some difficulty in regard to junior staff. In all probability both grades of hospitals would require to have recourse, for a time at any rate, to the employment of untrained attendants* to fill junior posts, and although not recognized as training places for the Preliminary examination, these hospitals would nevertheless probably hold classes for the St. John's Ambulance and First-Aid Nursing Certificates, and they would have the right of nominating for consideration any suitable and sufficiently educated attendants for training as probationers at the school.

(ii) Organized co-operation between mental and general hospitals should also be a cardinal feature of the scheme and is equally essential for its success. Only thus can adequate facilities for training in general as well as mental nursing be secured.

We think it of extreme importance that the facilities already existing in some places for seconding mental nurses to general hospitals should become universal and that authorities should encourage trained mental nurses to take a general nursing certificate. Conversely, we believe that, with the establishment of training schools, there will be an added inducement for general trained nurses to gain experience of mental disorders, and that some understanding of elementary psychology, both normal and morbid, will be found increasingly necessary in general nursing.

The unit so organized for training purposes would further benefit each affiliated hospital, by being itself in co-operation with other schools and with universities, thus being a medium of information and progress in wider educational movements.

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* For the proposed use, in future, of the term "attendant," *see* p. 26.

(9) *Seconding.*—Under both (i) and (ii), the question of leave of absence arises. In particular, the seconding of a mental hospital nurse to a general hospital presents certain difficulties. Considerations as to pay and superannuation tend to discourage all but the most ambitious. We think that this is regrettable, but to promote efficiency we believe that a greater fluidity of service is essential, and we hope that Visiting Committees, in realizing the advantage of a double training, as well as the necessity for reciprocal arrangements in the training of mental nurses within the unit, will arrive at a scheme which will ensure both the position of the nurse seconded and the interest of the hospital to which she should return.

The institution of some form of contract between the mental hospital and the seconded nurse is probably, therefore, inevitable.

We feel that the existence of facilities for seconding mental nurses to general hospitals for training is so important that we hope such facilities may be found practicable without any contravention of the Asylum Officers' Superannuation Act as to service, aggregation of service and contributions. Should there be any doubt as to all or any of these matters we think they should be removed by legislation.

The scheme of affiliation which we recommend has for its object the establishment of an organization of hospitals for training purposes which will secure—

(i) efficient and economical use of material and personnel;

(ii) uniformly sound training, and the diffusion of technical knowledge and methods through the widest possible interchange ; and

(iii) co-ordination between different branches of nursing.

(10) *Government Grant-in-aid.*—Training schools will not and cannot be self-supporting institutions, and in view of the fact that it is of national importance to secure properly trained nurses for mental hospitals, we are of opinion that a portion of the cost of maintaining recognized training schools should be met out of a Government grant, administered by the Board of Control.

IV.—The Establishment and its Grades.

The following is a statement of the nursing establishment and its grades up to which the scheme of training advocated leads. The terms used have been chosen with a view to co-ordinating the nomenclature with the established usage at general hospitals. Some of them have already found their way into a number of mental hospitals :—

(A) Trained and certificated, or in training.

Women.

(i) Matron.
(ii) Assistant Matron.
(iii) Sister Tutor.
(iv) Sister.
*(Senior Staff-Nurse).
(v) Staff-Nurse.
(vi) Senior Probationer.
(vii) Probationer.

Men.

(i) Chief Male Nurse.
(ii) Deputy Chief Male Nurse.
(iii) Charge-Nurse.
*(Senior Staff-Nurse).
(iv) Staff-Nurse.
(v) Senior Probationer.
(vi) Probationer.

(B) Specially certificated.

(C) Auxiliary and uncertificated.

Women and Men.

(i) Charge-Attendant
*(Deputy Charge-Attendant).
(ii) Attendant.

(D) Night Staff.

(E) Extra-numerical Staff.

(F) Proportional numbers.

Considerations affecting various Grades :—

(A) Trained and certificated, or in training.

(i) *The Matron.*†

(*a*) *Qualifications.*—We regard it as of the utmost importance, and as a matter affecting the whole progress of nursing in mental hospitals, that the matron should be fully trained and certificated in both general and mental nursing. If there should be a dearth of doubly-trained

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* Required only in hospitals which adopt the two-day shift system.

† We learned with satisfaction of the institution of the Mental Hospital Matrons' Association, which was inaugurated on the 14th June, 1923. Their collaboration will provide opportunity for the maintenance of a progressive attitude towards the nursing of mental illness. (*See Nursing Times*, 23rd June, 1923, and *British Journal of Nursing*, 9th June, 1923.

applicants, we would like to draw attention to the fact that it is better to appoint a matron already trained in general nursing because such a person could obtain her mental certificate afterwards, while the reverse does not hold. She should already have had administrative experience in either a mental or general hospital or both ; and, whether or not there is an assistant matron or sister-tutor, it is very desirable that she should have the capacity to lecture and teach. Her prestige will be enhanced if she can obtain a university diploma in nursing.

(*b*) *Scope of her control and authority.*—Subject to that of the superintendent, we consider she should have control of the entire female staff—domestic as well as nursing ; but, where there is a housekeeper or a laundry-superintendent, or a kitchen-superintendent, and the separation of these departments has been found to be satisfactory, we do not think the matter of sufficient moment to urge change in an existing arrangement. Such matters as the receipt of applications, promotions, changes from ward to ward, leaves of absence, etc., should be in the hands of the matron, subject always to the wishes of the medical superintendent. We think, too, that when nurses are seen by the Visiting Committee, and when matters affecting questions under the matron's control are under discussion in the committee-room, the matron should ordinarily be invited to be present. Suspension from duty and dismissal are matters which we consider the superintendent or the acting superintendent should in no circumstances delegate.

(*c*) *Control of staff in male wards.*—To the question of placing the matron in control of all nursing staff, male as well as female, we have given consideration. There is a great deal to be said for this practice which is, indeed, being successfully carried out in some places at the present time. In saying this we do not forget that the requirements of the farm, recreation ground, band, fire-brigade, etc., will need male supervision and control. So long as the male division, especially in large institutions, is wholly or mainly nursed by men, it will probably be necessary to retain the office of chief male nurse (sometimes called inspector).

(ii) *Assistant Matron.*

The qualifications laid down for the matron apply equally to the assistant matron, except that previous administrative experience would not be essential in the latter case. For night duty in the larger hospitals there should be a person of the rank of assistant matron in charge.

(iii) *Sister-Tutor.*

This officer should be doubly trained and appointed on account of her qualifications for training. Her duties should be mainly, if not wholly, those of teaching. There are instances where a sister-tutor might be—and, indeed, has been—shared between a mental and local general hospital, and we think that wherever possible a liaison between the medical and nursing staffs of general and mental hospitals is desirable. Many mental hospitals now have a visiting medical staff drawn from the local general hospital, and a few general hospitals

have a department for diseases of the nervous system in charge of the physician of the mental hospital. Similarly, opportunities for co-operation in the training of the nursing staff might be developed with advantage to both parties.

(iv) *Sister.*

Following the practice commonly adopted in general hospitals, there should be only one rank—that of sister—between staff nurse and assistant matron.

Under the scheme of training advocated, we think that the old distinction between charge nurse and head nurse will ultimately cease to have any importance. The proposed rank would include :—

Sister in charge of a ward or wards.
Matron's office Sisters.
Home Sister and Night Sister.

The number of matron's office sisters, who are now represented in large institutions by head nurses, will diminish in proportion to the training and efficiency of the sisters in charge of wards.

In a training hospital, sisters will be required to assist in the training of probationers ; it is therefore of great importance to raise the social and educational status of the sisters of mental hospitals. Upon the personality and education of those holding this rank future progress will largely depend. In order to attain this position, double training —especially for admission and sick wards—is most desirable ; and we think that not only should they be well remunerated but that, by rotation of duties, they should as far as possible have opportunities for acquiring experience in general administration as well as in the wards. By this means the post of sister will of itself be an objective worth seeking by better educated women, and all sisters would be equally eligible for promotion to assistant matron.

(v) *Staff-Nurse.*

This is the rank which we contemplate that every nurse in a mental hospital will be automatically accorded on completing training and obtaining the certificate in mental nursing.

(vi) *Senior Probationer.*

This is the term suggested for those nurses who, since or prior to joining the hospital, have passed the Preliminary examination and who are otherwise satisfactory.

(vii) *Probationers.*

These are nurses in training, who have not yet passed the Preliminary examination.

Initial tuition free from ward duty.—Although there are difficulties in the way of establishing a system of initial tuition before ward duty is undertaken, we strongly recommend that it should be done : the sudden introduction of a novice into the often difficult atmosphere of a mental ward should be avoided. We think that every probationer, on joining, should be placed under

special guidance and instruction during such period of time as may be found necessary, in order to ensure that no one should be given ward duties without receiving an elementary grounding in the duties and responsibilities of nursing, and the best methods of tactfully dealing with different forms of mental disease.

We are convinced of the moral value of such a system in regard both to the probationers, whose entire outlook may thereby be advantageously influenced, and for the prestige of the training school.

This preliminary instruction should include—

(i) Teaching in the objects and etiquette of nursing.

(ii) Introduction to the hospital and its various departments.

(iii) A short practical introduction to the various types of wards and patient, and the special responsibilities inherent to the work.

(iv) Practical instruction of ward routine and the use of common nursing appliances.

Finally, every probationer should undergo a test as to fitness to be assigned ward duty.

Male Staff.

It is only as respects the ranks above that of staff-nurse that need arises for any difference in nomenclature between the sexes; and the terms suggested in the table on page 21, coupled with what is said in the following paragraph, sufficiently explain themselves and our intention that the remarks we have made as to specific grades should apply, so far as is practicable, to the corresponding members of the male staff.

We recognize that the possibility of gaining training in general hospital nursing is more remote; but we think the ideal of double training should not be excluded in their case, and, as far as experience proves possible, our recommendation extends to the corresponding ranks on the male side.

Notice to Staff of Future Policy.

By way of emphasis it is desirable to repeat our recommendation that the posts of matron, assistant matron and some at least of those as sister should be held only by nurses certificated in general as well as mental nursing. We appeal to Visiting Committees to accept this view and to pass a resolution to that effect, giving due notice of their intention to their staff; and to arrange and to offer facilities to some of those already certificated in mental nursing to complete their training at a general hospital.

(B) Nurses with Special Certificates.

(i) *Midwifery.*—We have come to the conclusion that the question as to whether in a mental hospital one or more of the women nurses should hold the certificate* of the Central Midwives Board is not a

* The average cost, including the candidate's keep for six months, of obtaining the certificate is about £40; and for a four months' course which suffices in the case of a fully trained general hospital nurse, the cost is about £30.

matter of urgent importance. The number of births in those hospitals is small—for instance, in the County of London mental hospitals it is only 1·1 per cent. of the female direct admissions. In view of the fact that there is always a doctor on duty and summoned to confinements, it cannot be seriously maintained that the risk is graver than for the general public. Nevertheless, the possession of the certificate is an undoubted asset, and we think that Visiting Committees would be well advised to recognize the holding of the certificate by at least one nurse in each of the larger hospitals and to encourage any suitable member of the senior staff in obtaining it. Committees might, with justice to mental nurses, bear in mind that the best of them, on becoming applicants for the post of matron and assistant matron, have to compete with women holding, among other distinctions, the C.M.B. certificate ; and that this suggested recognition would improve the position and probably widen the prospects of promising mental hospital nurses. Possession of the certificate would, of course, not carry with it any change in rank.

(ii) *Massage.*—To meet modern requirements in treatment, we urge the necessity for the provision of trained masseuses in mental hospitals ; and we consider that at least one masseuse, with training in Swedish drill and having a knowledge of electrical appliances and treatment, should be on the staff of each mental hospital. In view of the considerable cost—over £70 in fees alone—of obtaining the certificate of the Incorporated Society of Trained Masseuses, and of the length of time (12 months) required for training, we do not suggest the seconding of mental nurses for this training. On full consideration of the matter, we are of opinion that the wiser plan would be for the Visiting Committee of each large mental hospital to engage on its staff a fully certified masseuse : where more than one seems required, one might with advantage be a massseur. The smaller hospitals might usefully engage the part-time services of a masseuse.

(iii) *Children's Nursing.*—Though we hope other provision will soon be made for them, in those hospitals where, unfortunately, children are still retained, there should be a nurse specially instructed in their care and training.

(C) Auxiliary and Uncertificated Staff.

There will be difficulty, for some considerable time, in obtaining a nursing staff in mental hospitals which is fully trained. While we consider that it is of urgent importance that all sick nursing and the nursing and management of admission wards and of acute mental disorder in general, should be carried on by certificated nurses and probationers in training, we realize that the problem presented by wards occupied by quiet, industrious and trustworthy patients is somewhat different. The ideal to be aimed at is that nurses in charge should be certificated and that they should be obtained from well educated types of men and women. While not receding from this opinion, we recognize that many of the finest qualities called for in the care and management of mental cases have not rarely in the past been

found in persons educationally incapable of becoming trained nurses; and we desire here to make this acknowledgment to the many tried and devoted men and women in mental hospitals who have in the past loyally carried on their calling.

Attendants and Charge-Attendants.—So long as existing conditions obtain, these members of the staff should continue to receive recognition, adequate status and remuneration. We consider it essential, however, that, without prejudice to existing interests, there should be a sharp distinction between uncertificated staff and those who have to enter the nursing profession by the recognized portal. Accordingly, we recommend that, if a Visiting Committee decide to retain the services of a man or woman who, notwithstanding the fact of inability to take a certificate in nursing, is nevertheless endowed with natural gifts for this work, he or she should be classified as an *attendant*; and that, when one of this grade is placed in charge of a ward of the type we have indicated, he or she should be recognized as a *charge-attendant*. We think there should be a distinction in pay between sisters and charge male nurses on the one hand and charge-attendants on the other, and in favour of the former; and similarly, between staff nurses and attendants.

The problem of the existence of two grades of nurses is not confined to this country, and recently a *Committee of enquiry, appointed by the Rockefeller Foundation to study the proper training of Public Health nurses in the United States, has considered the possibility of two such grades being recognized. That Committee came to the conclusion that there is in fact scope for the existence of two types, one fully trained to nurse the acutely sick and the other equipped only to attend to the routine wants of chronic or mild cases. We feel that mental hospitals offer scope for the employment of the second type, *e.g.*, those graded as attendants, especially during the period that must elapse before the service is equipped with an adequate number of fully trained nurses.

Distinction between Nursing Proper and Social Duties of Mental Nurses.—The matter has some bearing on one of the questions referred to us for consideration by the Departmental Committee on the Administration of Public Mental Hospitals, *i.e.*:—

> "that some distinction should be made between the two nursing duties, namely, nursing proper and social duties; that the hours devoted to the former should be relatively few, but that more time should be given to the latter."

We have carefully considered this suggestion and discussed the matter with superintendents, matrons and head male nurses. All of them are of opinion that, while theoretically there is much to be said for thus dividing the nurses' duty hours, the intricate arrangements governing the distribution of the staff in public mental hospitals would be hopelessly complicated by attempting to establish any rigid prac-

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* Nursing and Nursing Education in the United States (Report of the Committee for the Study of Nursing Education). New York: The Macmillan Company, 1923. 15*s*.

tice in this respect. It should be noted that the staff do in fact spend part of their time in purely "social" duties, *e.g.*, accompanying their patients on walks and to entertainments; and every effort is naturally made to obviate any particular nurse being subjected to the strain of prolonged attendance upon acute and difficult cases.

In our view the only distinction which can in practice be made is not between the two nursing duties, social and other, of the staff, but between the kind of patients allotted to fully trained and to only partially trained nurses.

(D) Nurses on Duty by Night.

In a majority of mental hospitals night nurses are permanently employed as such, and no doubt a feeling of security is engendered by a stable and experienced night staff. We consider, however, that the interests of both patients and nurses will be better served by the staff taking the duty in rotation in a much larger proportion than obtains at present. With better training, indeed, it is probable that the system may become as complete as in general hospitals. We wish to emphasize the fact that skilled nursing at night is an imperative need for patients suffering from mental disorder, and should form an important part of every mental nurse's training. Our own observations, and the average proportion of staff employed at night (see p. 9) convince us that this subject has not received adequate consideration, and we note the following defects:—(*a*) an insufficient number of nurses on duty at night, leading, on the one hand, to want of individual attention to restless and sleepless patients and a tendency to rely unduly on sedatives and single rooms,* and, on the other hand, to the practice of leaving a nurse alone at night in charge of potentially dangerous patients; (*b*) sleeping nurses in close proximity to noisy patients, depriving them thereby of necessary rest; and (*c*) the absence of systematic instruction in night nursing.

We recommend that the proportion of night staff to patients, notably in acute and admission wards, should be increased; that the occupation by nurses of bedrooms off dormitories should be done away with where the rooms are near noisy wards; that nurses should receive special instruction in night-nursing; that none below the rank of senior probationer should undertake it; and that, in each hospital, there should be a member of the nursing staff of at least the rank of sister or charge male nurse in charge of the respective sides. Where practicable, it would be of advantage were the supervision of both sides entrusted to one night sister or assistant matron—either of whom would, of course, be doubly trained.

(E) Extra-Numerical Staff.

In our remarks on night-nursing (p. 14), we indicated that much more could, and should, be done in the direction of concentrating skilled nursing upon individual patients by detailing the undivided

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* *See Night-nursing and Supervision in Asylums*, by F. A. Elkins, M.D., and J. Middlemass, M.D. (*Journal of Mental Science*, 1899).

services of a nurse for one patient. We believe that this is, indeed, essential to the proper and humane treatment of many forms of acute mental illness, and that it is also the right way to treat patients with depraved, noisy and destructive habits at night. We are strongly impressed with the great value of a similar line of treatment during the day when the patient is up and about, not only for such habits and symptoms, but also for the diversion of morbid thought into healthy channels, for the correction of obsessional and delusional trends, for the allaying of states of anxiety, and for the rehabilitation of a disordered mind.

That there are numerous patients who would thus reap benefit, there is no room for doubt; but it would be a counsel of perfection to recommend that each should be provided with the personal services of a nurse. Such a claim can, however, be advanced with much greater force on behalf of recent cases. For them, every form of treatment that holds out prospects of recovery should be available; and it is a matter for serious reflection if it could be alleged that the absence of some particular facility had permitted a mind to lapse into irrecoverable dementia.

We recommend that, over and above the fixed establishment for ward duties, there always should be at each mental hospital, on both sides and for duty by night as well as by day, a proportion of nurses to whom no ward or relief duties have been assigned, but whose services are freely at the disposal of the medical staff for special duty with selected patients.

(F) Total Proportional Number of the Nursing Staff (See p. 9).

The enhanced cost of the nursing establishment, consequent upon shortened hours of duty and increase in pay and in number of personnel, has been without doubt a source of anxiety to Visiting Committees. Though there has been an increase in the number of nurses, the available number at any one time in proportion to patients is in many cases less than it was before the war: it is sometimes too low. Suggestions have been made to us that the Board of Control should fix a minimum proportion of nurses to patients. Differences in schemes of hours of duty, in classification of patients, and in sizes of institutions and their wards, make the application of a fixed proportion of staff impracticable. Reference to the Table (Appendix A, p. 50) shows that the large hospitals have the numerically weaker staff. It is in these hospitals that the largest wards are found.

V. Remuneration.

To assist us in dealing with this subject we obtained information as to existing scales in force at mental hospitals, and, in addition, perused the various awards of the Joint Conciliation Committee of the Mental Hospitals' Association and the National Asylum Workers' Union. For purposes of comparison we also obtained information as to the standards of pay given in various general hospitals selected from representative districts.

The pay of the staff, like most other conditions of service, is determined by the Visiting Committee of each mental hospital.

(1) Pay of both Male and Female Staff.

Our consideration of this subject revealed the following main points :—

(i) There is too little difference between the pay of the inexperienced and the experienced staff, and in reference to responsibility and training.

(ii) The differences between the rates of similar grades throughout the country are extraordinarily great.

As to (i), many medical superintendents who gave us their views stated that this lack of difference between the rates of pay of trained and untrained staff has operated as a powerful factor against training and improvement, and has probably encouraged too frequent changes among the personnel. In this view we entirely concur. It is obvious, human nature being what it is, that unless effort is suitably rewarded, effort will not willingly be made. The possession of the certificate of the Medico-Psychological Association (p. 11), to obtain which involves three years of continuous study and the passing of examinations, is nowhere specifically rewarded by an increase in pay of more than £15 a year ; more often the increment is less, in some cases does not reach £10, and until comparatively recently such sums as £2 to £5 were customary.

The following table indicates how relatively small may be the increments dependent either upon successful completion of training or upon the assumption of greater responsibility, and how disproportionate is the weight given to duration of service. For the sake of convenience the rates* given are the *averages* for the country. By way of contrast the *average* rates for the general hospitals from which we obtained information are also given.

Salaries and Rates of Pay (1922).

Mental Hospitals.			General Hospitals (Women only).		
Ranks.	Minimum.	Maximum.	Ranks.	Minimum.	Maximum.
	£ s.	£ s.		£ s.	£ s.
Probationers (Women) ...	50 7	69 15	Probationers	19 4	29 11
„ (Men) ...	71 0	98 0			
Seconds (Women) ...	59 13	80 7	Staff-Nurses ...	48 0	53 11
„ (Men)	89 0	114 0			
Charges (Women) ...	69 9	88 11	Sisters ...	68 5	82 5
„ (Men)	97 0	124 0			

The minima for seconds and charges are dependent upon the point reached in the previous scale. Bonus is included in the above figures.

It is not our desire, in giving the general hospital rates for women, to suggest that mental hospital nurses should be content with

* There are many methods of payment, but the table has been compiled on a common basis, *i.e.*, that food, lodging, etc., are given in addition. The charges made for these vary a good deal in different hospitals and the figures (which relate to 1922) in this and the succeeding tables are therefore approximate.

similar pay. We take the view, shared we believe by all those experienced in the work, that service in a mental hospital is more arduous, is attended by more anxiety, and involves greater responsibility. It is work, therefore, which merits substantially higher pay.

As to (ii), the following table illustrates the extent to which these differences obtain :—

	Charge Nurses.		Staff Nurses.		Probationers.	
	Men.	Women.	Men.	Women.	Men.	Women.
	£	£	£	£	£	£
The minima range from	72–110	47–90	60–100	36–80	40–90	26–69
The maxima range from	90–140	64–110	80–130	47–100	54–120	39–90

These great differences mean that hospitals granting the lowest rates have only a very restricted range of choice of personnel.

It is probable, too, that the existence of such unequal rates limits the free movement of the more intelligent and ambitious nurses to certain areas, and their continuance will impede the development on a national scale of any comprehensive scheme of training.

In considering this section of our work, we decided that it would be wiser to confine ourselves to general rather than to specific suggestions. We hope Visiting Committees will appreciate that we understand their difficulties in regard to finance and do not in any way wish to add to them. At the same time we would urge that an improved nursing service will add materially to the well-being of the patients and enhance the therapeutic value of the hospitals, and any reasonable additional expenditure to secure this may be regarded as a wise investment. As a matter of fact, we are hopeful that, if the suggestions we venture to make are adopted, the net additional expense thereby involved will not be serious.

We consider that the initial pay of entrants to the service, both men and women, is disproportionately high.

In making the proposals that follow, we are assuming that in all hospitals where training is undertaken, such entrants will be engaged on the understanding that, if approved for training, they will undergo the course of instruction prescribed by the hospital. If, at the end of the training period, they pass the Final examination, they will, where our scheme is adopted, automatically become staff nurses with a material increase in pay. From this point, in the case of women, they will be eligible for promotion to the rank of sister, and, if they qualify as general hospital trained nurses, to assistant matron and matron; and, in the case of men, to charge-nurse, deputy chief and chief male nurses each of which grades we are proposing should carry higher salaries than those paid to equivalent ranks at present. Thus a progressive

career leading ultimately to attractive and well-remunerated posts would be offered to candidates for the service.

In such circumstances it seems to us that the initial salary need not be so high as it is at present. We do not anticipate that the offering of a lower rate would prejudice the supply of entrants. On the contrary, if stipulations as to training are insisted on, and a real career is offered, we believe that suitable candidates of satisfactory educational attainments will be attracted.

At this point it will be convenient to treat the cases for women and men separately as there are wide differences between the two problems. Wherever pay is referred to hereafter it must be understood that board, lodging and washing are found in addition.

(2) Pay of Female Staff.

(i) *Probationers.*

(*a*) *First year.*—We have given considerable thought to the question of some general principle upon which to base the probationer's scale. It seems to us that we can best do this by relating it to the pay of general hospital probationers. In the table on p. 29, we have shown the average rate received by the latter. On the figures given therein, our proposal is that the first year's salary of future entrants to the mental nursing service should be the general hospital equivalent plus an addition thereto of 35* per cent. in recognition of the greater difficulty of the work. Taking the figures before referred to, the pay of the mental hospital probationer would, for the first year, be £26.

(*b*) *Second year.*—Assuming that the probationer has passed the Preliminary examination, we advise the granting of an increment of £8, making the salary for the second year £34. It is possible that some of these second-year probationers may have had general hospital training; these should, we recommend, in recognition of the time already spent in such training and as an inducement to them to enter mental hospitals, be granted the salary of third-year probationers for this and the final year of their training.

(*c*) *Third year.*—We think an increment of £6 might be granted for the third year, making the salary £40.

(ii) *Staff Nurses.*

We recommend that nurses who have passed the Final examination shall automatically become staff-nurses, as is the case in the general hospital service. We think that attainment to this rank should be recognized by a steep rise in salary.

In considering what scale should apply to them, we again concluded that the general hospital equivalent might serve as a useful basis for the starting point. Adding the 35 per cent. increase thereto, this

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* Our view is that, even if the pay of nurses in general hospitals ever approached the rates now suggested for nurses in mental hospitals—thus necessitating corresponding adjustment of the 35 per cent. increase—the mental hospital rates should be adjusted so as always to maintain an advance on average general hospital rates of at least 10 per cent.

becomes £65 for the first year. We suggest that the scale should provide for four yearly increments each of £2 10s., bringing the maximum up to £75.

In the case of those staff-nurses who have previously qualified, or who subsequently qualify in general hospital training, we suggest in view of its great nursing value and in order to retain such nurses in the service, that they be given £25 a year over and above their pay as staff-nurses.

(iii) *Sisters.*

On promotion to this rank we think, in view of the added responsibilities which accrue, that the scale should be generously increased.

We find ourselves unable to adopt the general hospital equivalent as a basis in this case because it varies so much in different hospitals, according chiefly to the nature of the duties undertaken and the financial position of the institution. We have therefore again selected the much more stable scale of the general hospital staff-nurse.

Our recommendation is that 70 per cent. should be added for the initial salary of these responsible (sisters') posts. This would make the commencing pay £87 a year. We propose for this grade three yearly increments each of £5, bringing the maximum up to £102.

In the case of any sister who, in addition to mental training has also qualified in general training, we recommend that again an extra £25 a year should be granted.

The scales for the various ranks suggested above are merely hypothetical and serve mainly to illustrate the percentage rates of increases which should be granted to the progressive grades. At the same time, if this highly specialized and difficult branch of nursing is to draw to its ranks the personnel of superior calibre for which we hope, we commend to Visiting Committees the view that the sample scales cited are not excessive.

(iv) In the case of the remaining positions, *i.e.*, *sister-tutor*, *assistant matron* and *matron*, we do not think any useful purpose would be served by making even tentative suggestions as to what increases on subordinate scales should be granted. In each case due regard would be had to the scope and importance of the duties involved, and these might fairly be estimated on a basis of bed capacity, and the numbers of staff to be supervised and trained.

We consider that Visiting Committees should adopt the view that these ultimate posts in the service, to which only the highly qualified and experienced will eventually attain, should be made really attractive.

(3) Pay of Male Nurses.

With the object of making the higher certificated posts more attractive and of inducing men of good stamp and education to fit themselves for them, we think that, on qualifying after full training as a mental nurse and on passing from the grade of senior probationer to that of staff-nurse, and from the rank of staff-nurse to that of charge-nurse, again a steep gradation of remuneration should be recommended; and that the passing of the Preliminary examination and the

attainment of the rank of senior probationer should be marked by a substantial rise in pay. In short, the principle of remuneration recommended for each grade of the women staff should apply also to the corresponding male grade.

We observe that the majority of local authorities and of the nurses, in joint council, have accepted the principle that the pay of the male staff should ordinarily be 20 per cent. higher than for the women. While not wishing to enter into the merits of differential pay for men and women nurses, we are agreed that on the whole it is better for the present not to disturb this arrangement.*

(4) Pay of Night Staff.

It is our view that night duty, in the interest of both staff and patients, should be undertaken in rotation by all nurses except first year probationers. This is the practice in some institutions at present, though in the majority of cases the staff on duty at night is a permanent one.

In most hospitals nurses on duty at night, whether permanently or temporarily, receive the pay of charge nurses. We think there may be some justification for this in the case of those who undertake this duty permanently, but where it is undertaken by all in rotation we see no reason why their pay, while on night duty, should differ from that of the day staff.

VI. Hours of Duty.

The hours of duty of the nursing staff have been the subject of much consideration, not only by the authorities concerned but also by these bodies in collaboration with their staffs.

There is much to be said for local settlement of the problem. The marked inequality, however, of the duty hours which nurses in various parts of the country are called upon to work and our conviction, already stated, that progress in mental nursing will alone be reached by means of standardization and unification of the conditions of training—a part of which is this question of hours—call for a careful consideration of the whole position.

Nursing is a vocation which, for its proper fulfilment, will always demand a large element of devotion and self-sacrifice in the service of humanity, and cannot be judged by general occupational standards such as govern ordinary questions of labour and employment.

In estimating the time worked special considerations and compensations are due to nurses, who may be called upon to perform not only work entailing severe strain but to work an aggregate of daily hours which exceeds that usually reckoned as a day's work under industrial standards. The association with some forms of mental disease is also peculiarly trying and calls for a well-considered arrangement of hours.

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* Mrs. How-Martyn dissents from this conclusion.

The needs of patients and the requirements of treatment must always take precedence in fixing the daily maximum number of hours of duty which a nurse may be called upon to perform, and those who take up this work must adapt themselves to the inherent difficulties involved. But it is also necessary not to lose sight of the fact that the health, efficiency and happiness of a nurse are likely in the long run to react favourably upon the patients, and that the interests of both patient and nurse demand that the daily hours of duty should be curtailed so far as practicable. The first question is, therefore, how best to arrange the fewest consecutive hours of duty compatible with efficient nursing.

(1) Requirements of Nursing.

An efficient day nursing service requires :—

(i) A sufficient number of nurses throughout the day adequately to attend to the nursing and other needs of the patients.

(ii) Continuity of observation and undivided responsibility, and so far as possible the avoidance of any sudden or complete change of ward personnel between the hours of rising and going to bed. Particularly is this principle important in regard to nurses in charge and their deputies, especially when occupied in nursing acute bodily and mental diseases.

It is evident that a patient, whose mental condition can only be judged by alterations of conduct and conversation, should be under the constant observation of someone able to detect those slight (and often kaleidoscopic) changes of demeanour which indicate the state of the mind, and which may herald important alterations in behaviour. It is only by such constant observation that efficient care and treatment can be carried out.

The absence of such constant observation, at any rate by a responsible senior staff, is liable to bring about serious difficulties in administration, and too frequent change of personnel may react unfavourably on patients.

The special requirements of mental patients demand due consideration of the recreation and social life of the hospital ; especially does this require that the patient's day should not be unduly curtailed, and there is need to avoid the too prevalent practice of bedding patients at so early an hour as 8 or even 7 p.m. Indeed, the time of bedding patients is a point upon which most existing schemes fail.

The need to reduce the hours to a workable basis either necessitates the serious hardship entailed in putting physically healthy persons to bed by 7.30 p.m. or alternatively, where this is overcome by means of two full eight-hour day shifts, the scheme is wasteful and extravagant in staff. The number of patients who can profitably be kept up until 9 or 10 p.m. probably in no hospital exceeds 50 to 60 per cent.

(2) The Requirements of the Nurses.

The health and efficiency of the nurses require :—

(i) The institution of definite breaks whereby the time during which a nurse is in contact with mentally ill patients is reduced to the fewest possible number of hours. In this respect an eight-hour day shift is in our opinion too long for a continuous turn of duty.

(ii) A period of leave of absence from duty if possible every six months.

(iii) Variation in the kind of work, the institution of regular changes of ward and a due proportion of those duties, *e.g.*, attendance at dances, walks, religious services, etc., which cannot be regarded as arduous work.

(iv) Ample facilities for recreation, sleep, etc.

Many of these points, which have a direct bearing upon the amount of time a nurse can usefully be on duty, are dealt with elsewhere.

(3) Prevailing Conditions.

(A) *Present hours of duty.*—These, excluding meal times, vary from a minimum of 48 hours a week to a maximum in a few hospitals of 66 hours. Broadly speaking, the arrangements may be divided into four groups :—

The 48-*hour week.* This comprises six duty days of eight hours each, and involves three shifts (or changes of staff) in the 24 hours. The seventh day is duty free.

The 56-*hour week.* This is a two day-shift system of eight hours a day, except that on one day per week as much as 16 consecutive hours may be worked. The seventh day is duty free.

The 60-*hour week.* There are several varieties of this system. In some institutions it represents 60 hours of duty *exclusive* of meal times, in others 60 hours of duty *inclusive* of meal times. Under different variations of the 60-hour week, one, two, and even two and a-half days are duty free. In some cases it follows that the day averages 11 or 12 working hours ; in practice this may be 12 or 13 on certain days.

In a few cases 66 *hours of actual duty* are worked.

These groups fall into two categories :—

(*a*) In which two turns of day duty are involved, entailing a complete change of staff during the hours when most of the patients are up and about ; and (*b*) in which there is only one turn of duty during the day—the same staff being present throughout.

(*a*) This system, generally referred to as the " three-shift system " (the night being the third shift), has the following advantages : it limits the nurses' daily hours of duty to eight, or less in those places where one long day per week is worked ; where followed strictly as

an eight-hours day, it enables the patients' day to be extended to 9 or even 10 o'clock; by providing an ample overlap in the middle of the day, it ensures a full staff during the patients' dinner-hour. On the other hand, this system is worked at the expense of some essential requirements of nursing and training, as generally understood in hospitals and laid down in this report. In practice, the following defects are found :—

(i) *The patients may suffer from lack of continuity of observation and treatment.*—In contrast to all former practice, the nurse in charge under this system is only on duty either in the morning or afternoon. In most places where it is worked nurses take duty on "shifts" which alternate each week between morning and afternoon duty. Continuity of responsibility and of treatment involves the making of reports and handing instructions from the charge to her deputy, or *vice versâ*. The efficiency of this transference of orders has too often been found wanting. The doctor regularly finds a different charge nurse on his morning and afternoon visits. Important orders have to be transmitted, and he is handicapped by knowing that they may not be carried out by, or under the supervision of, the nurse whom he instructs. The system postulates for its success efficient co-operation and co-ordination between minds such as are rarely found even amongst the most highly disciplined. From the point of view of nursing it is neither the most practical system nor the best possible obtainable, and the patient suffers. From the point of view of the latter, multiple control is in most cases unfavourable; the beneficial influence produced by sympathetic understanding and the wise control of a charge nurse is easily checked or undone by another controlling mind with differing attributes and other methods.

(ii) *Confusion in the matter of responsibility not infrequently arises.*—Officers are frequently handicapped in their work when important administrative questions arise, and investigations have to be made, by finding that this or that nurse is on the other "shift." Valuable time is lost, and it is often difficult to place responsibility or render justice to a patient under a system which is constantly transferring responsibility and control of difficult situations, as well as the personal details and information of a delicate nature relating to patients.

(iii) *The interest taken by the staff in their work is lessened.*—Many well trained and efficient nurses in charge have borne testimony to the adverse effect of the "shift" in lessening interest. The management of a human mind is not comparable to the handling of a machine; enthusiasm and devotion to a recovering patient may easily be vitiated by the interposition of dual control; and there can never be in human nature the same spirit of interest and feeling of

responsibility when this is so completely divided as obtains under a two day-shift system. In this respect the change-over at night is in no way comparable—the situation at night, when all patients are in bed, being wholly different.

(iv) *The efficient training of probationers is rendered more difficult.*—The probationary period of training is, and must be, a phase of intensified instruction; and one of the best and most influential instructors is a really efficient charge nurse with time at her disposal. The "shift" system in this respect conditions too many gaps in the process of training and so concentrates the work of the charge nurse that there is not much time for teaching. A school in which half the day is, from the point of view of training, more or less wasted cannot be expected to give good results, and in effect the spirit of a "shift" system makes it difficult to ensure attendance at classes in off-duty hours, whilst it inculcates in the probationer a habit of mind at variance with true professional interest, unless she is imbued with more than the average intelligence and perseverance. It is the atmosphere of the school which counts.

(v) *Effect on staff numbers.*—On account of the greatly increased cost of shorter hours, owing to the necessity to duplicate the day staff, there is a tendency unduly to limit the numbers of staff on duty at any one time, thereby adding to the strain and anxiety placed upon the nurses, as well as reducing individual attention to patients to the lowest limit.

(*b*) *The one turn of day duty.*—The advantages claimed under this arrangement are that it curtails the number of working days per week, and at the same time avoids any change of staff during the day, thus maintaining throughout the day continuity of supervision. As worked in most places, however, this system involves an average day of from 11 to 13 working hours, and therefore tends to perpetuate one of the principal grievances of the staff in mental hospitals. A further disadvantage is that it usually involves putting the patients to bed at an unduly early hour. Moreover, the absence of the nurses for as much as 2 or $2\frac{1}{2}$ days per week materially diminishes the benefit of continuity of observation.

(B) *Geographical position of the hospitals.*—While some hospitals are close to or actually in towns, others are several miles distant. The question of the hours of duty is considerably affected by this factor. Where hospitals are near to or in a town, the staff naturally prefer to work on a system which permits them to spend a number of hours per day away from the institution. Where, however, hospitals are so isolated that access to the amusements and amenities of a town is difficult, arrangements for a long working day, with long periods off duty per week, appear to be more popular.

The distance between hospitals and the homes of the staff is another factor.

(4) Considerations Arising out of some Points of View of the Nursing Staff.

While geographical and other considerations legitimately influence the opinions of mental nurses in their preference for this or that system, the evidence at our disposal indicates that the more highly trained and responsible nurses fully recognize the paramount needs of their patients and desire that their hours of duty and status as nurses should be dealt with on an equal footing and under the same general principles that govern other branches of the nursing profession.

The problem is somewhat different as it affects men and women. The staff at mental hospitals consists, as to about 43 per cent., of male nurses. The fact that the majority of these are married, reside outside the hospital, and usually have gardens to work, no doubt influences the decision of those in favour of an eight-hour day, worked in two turns of day duty.

This has been said by its advocates to have the advantage of making every ward self-contained and permitting a charge nurse always on duty. This is not a true conception, however, of a self-contained ward. The real charge nurse of a ward under the two day-shift system is only on duty for 7 or 8 hours either in the morning or afternoon ; there is thus dual control during the day, and the most responsible nurse of each ward is absent either at one or other of the most important times of the day, viz., the rising or bedding of the patients. Moreover, as the system is worked on alternating shifts, the charge nurse is absent every other week during the general bathing of the patients.

The statement that " a charge-nurse is always on duty " is misleading. Under any system a charge-nurse or her deputy is always on duty ; but the chargeship must be very incomplete when the deputy is as often in control as the charge herself.

In the result, the experience and value of the charge and senior nurses, whose position it is our wish to see enhanced both in status and remuneration, are seriously diminished by this system, which represents a very superficial conception of the needs and responsibilities of a hospital ward.

It may be mentioned that, so far as it is possible to form an opinion, the majority of women nurses appear to favour the longer day with more weekly and annual leave, and recognize that this arrangement conforms more nearly to the requirements of sick nursing, both for mental and physical illness.

There is something to be said for employing this two day-shift system in wards occupied by quiet and industrious patients, but in our view it has serious disadvantages where actual nursing is in question.

These divergent opinions indicate that no universal scheme can be devised to meet all the local conditions of different institutions, and suggest the possibility that the employment of both systems, even in the same institution, might prove satisfactory and promote the contentment of the staff.

(5) The Eight-Hour Day by Legislation.

Suggestions have been made that the nursing duties of a mental hospital should be scheduled among other employments for which legislation is sought to impose a limit of eight hours work per day.

We feel strongly that mental nursing should not be dealt with apart from other branches of nursing, and that any attempt to do so would place mental nurses at a serious disadvantage as compared with all other nurses. To classify nursing as a trade, or to schedule it as an industrial occupation, would subordinate the requirements of the patients to a pre-conceived notion as to the daily maximum number of hours during which an individual should be employed ; but as regards nursing, a working day limit of eight hours during which the nurse is required to be in hospital, cannot by any ingenuity be arranged short of working the day in two turns of duty. Ample grounds have been put forward to support the view that this system of hours does not promote the highest efficiency obtainable where actual acute illness is concerned. We think that the application by statute of a strict limitation of hours for those whose work is concerned with the incalculable possibilities and responsibilities attendant upon human illness and suffering is not commendable in principle.

(6) Summary of Conclusions as to Hours of Duty.

(i) No one universal scheme of hours is possible, and the details of any system applied will need to conform with local conditions.

(ii) A guiding principle should be to arrange for the shortest possible number of consecutive hours of duty taken at one stretch consistent with nursing requirements.

(iii) We believe that the best results, alike for training and for nursing, will arise from the employment, wherever possible, of such systems as ensure that the day duty is not divided up by any complete change of personnel.

(iv) Nursing is essentially a profession which, if it is to inculcate in its members the highest qualities and efficiency, cannot be classified as a trade, or placed in any statutory schedule of industrial occupations.

(v) The varying conditions referred to may make it advantageous in some places to work two different systems in the same hospital, *e.g.*, a two day-shift system may perfectly well suit certain chronic and working patients' wards, although these hours are unsuitable for admission, acute, and infirmary wards in which the problems of nursing are concerned. In other places it may be found convenient to differentiate between the hours worked by the sisters in charge and their staff nurses on the one hand, and probationers in training on the other ; the long day being necessary for the senior staff in order to ensure continuity of observation and responsible control.

(vi) Where the number of hours exceeds 48 per week nurses should receive ample compensation in weekly and annual leave.

(7) Recommendations as to Hours of Duty.

We recommend that—

(i) No rigid scheme of hours should be laid down; at every hospital modifying conditions will occur necessitating alterations in detail.

(ii) The one turn of day duty should be applied to all admission, acute, and infirmary wards.

(iii) The two day turn of duty, as worked in the so-called three-shift system, is applicable, if preferred, in chronic and industrial types of wards.

(iv) The duties should be arranged to allow of a maximum weekly leave of one day and a-half.

(v) No nurses should be called upon to do duty for more than 10 hours daily, exclusive of meals.

(vi) When 10 hours a day are worked, these should be broken, not only by intervals for meals, but by a suitable break for rest and recreation, as obtains in general hospitals.

(vii) The hours of night duty should conform to those worked by day, and in their aggregate should not exceed the latter.

(viii) The aggregate of the weekly hours should not exceed the minimum necessary to give effect to (*a*) the above recommendations; (*b*) the efficient nursing of the patients; and (*c*) the scheme of training advocated in this report. This represents, exclusive of meal times, an average which should not exceed 56* hours per week.

(ix) When the weekly hours, exclusive of meal times, exceed 48, four weeks' annual leave, preferably taken as two weeks every six months, should be allowed to all certificated nurses. Probationers under training should be allowed three weeks' annual leave.

VII. Considerations Specially Affecting Male Nurses.

It has to be recognized that there are at the present time considerable differences affecting the conditions of men and women nurses generally. With few exceptions, it is only in mental hospitals that a considerable body of male nurses are employed; their training therefore has hitherto been mainly restricted to that for the certificate of the Medico-Psychological Association. Opportunities for men to obtain training in general hospital nursing are very limited, and it is doubtful whether there will be any great demand for men in general nursing. Although many male nurses have attained high efficiency in their profession, the special qualities which nursing demands are less commonly found in men than in women.

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* One method of working these hours by day and night is given in Appendix B, p. 51.

Nursing of male patients by women nurses.

The question of the nursing of male patients in mental hospitals by women nurses is one on which there is a sharp cleavage of opinion.

At present there are 25 mental hospitals at which women nurses are employed in the male wards, exclusive of those institutions where merely at detached villas one of the staff is a woman with mainly domestic duties. In reply to the inquiry upon the matter in our general questionnaire, it was somewhat remarkable to find that the 88 superintendents from which observations upon this question were obtained were almost equally divided in opinion, the practice being favoured at 43 and the reverse at 45. In the one group some were enthusiastic in its praise, and in the other group a few held strong views against it; but we could not but attach significance to the fact that, while many of those in favour had had experience of the system, only a few of those adverse had ever given it a trial. We made a point of including each of the latter as a witness. The further information thus obtained showed that where the system had appeared to be unsatisfactory, the reason was not in any fundamental demerits but in the circumstances in which it was applied.

We believe that, wherever structural and other conditions permit, the adoption of doubly trained sisters and of women staff nurses in male sick wards and in possibly other types of male wards, will ultimately prove beneficial alike to the nursing of male patients and to the training of male probationers.

Our investigation leads us to the view that most English mental hospitals, especially in urban districts, will always provide scope for male nurses, and their promotion to senior and responsible posts. We strongly advocate, therefore, that the scheme of training and the corresponding grading recommended should be established equally for men as for women nurses, and that the training under a sister-tutor should be common so far as possible to both sexes.

In those institutions where the villa system exists, the practice of placing each villa under the joint charge of a man and his wife, the latter attending to the cooking, mending of clothes and other domestic matters in the villa, has in the past given satisfaction, especially in those villas where industrious and trustworthy male patients are classified and enjoy parole of the grounds. The woman's influence is all to the good and does much to promote home-like surroundings.

VIII. Accommodation and Housing, and Social Life of the Staff.

(1) *Accommodation.*—Suitable accommodation is a powerful factor in attracting and retaining a desirable type of staff. It is not always an easy matter, however, to adapt existing accommodation to present-day needs; and we suggest that, where additional room for patients is required, it may, with advantage to the patients, in part be obtained by converting present nursing accommodation to the use of patients and providing more appropriate accommodation for the staff in the form of detached Nurses' Homes.

The subject may be dealt with under two heads: (A) housing of nursing staff; (B) provision of training schools.

(A) *Housing of Staff.*—(1) Men: As in most hospitals a large proportion of male nurses are married, housing for the family has to be found. Where local conditions permit, this should be sought outside but near the institution, in a neighbouring town or village, so that the family may have an opportunity of developing its social life untrammelled by the routine and regulations of the hospital. Where in country districts this is impracticable, cottages must be provided, preferably outside the curtilage of the hospital, but within easy walking distance. As a precaution in case of fire, it is necessary for a certain number of men to sleep in the hospital or in a block attached to it. (2) Women: It will probably remain the custom that most women nurses will live within the hospital boundaries. Wherever practicable they should be housed in a separate Nurses' Home, having its own domestic offices, gardens, &c. Hospitals, however, vary so widely in size and structure that it is impossible to do more than lay down a few general principles:—

(*a*) Every nurse should have a bedroom to herself.

(*b*) As many bedrooms as practicable should be quite apart from the wards.

(*c*) Night nurses' bedrooms should be quiet in the daytime.

(*d*) Sufficient bathrooms should be available.

(*e*) Dining and recreation rooms and, except in the smallest hospitals, a "silence" room for reading and writing should be provided. Sisters and charge male nurses should have their dining and sitting rooms apart from the other nurses.

(*f*) A nurses' infirmary is an advantage.

(B) *Training Schools.*—One of our chief constructive proposals is the setting up of training schools, an essential part of which is a house for nurses as fully equipped for this purpose as possible. It should be a separate, self-contained building within the hospital grounds, having its own garden. It should be so placed as to have a separate entrance from a public road, thus permitting nurses to receive their friends without the necessity of introducing them into the hospital. It should be equipped with rooms suitable for the corporate life of the students and for receiving and entertaining their friends; and, unless elsewhere provided in the hospital, with class rooms and the apparatus necessary for teaching.

(2) *Social Life of Nursing Staff.*—Conditions vary so much according to the size and situation of the mental hospital, that the problem is largely a local one. Where there is a training school, its successful solution depends chiefly on the initiative and ability of the Home-sister. It is important to encourage a social life apart from the atmosphere of the hospital. Outdoor sports, such as tennis, hockey, croquet, swimming, and indoor relaxation, such as dances, billiards, concerts, whist drives, can usually be arranged. Experience suggests these are most successful where organized and financially supported by the staff themselves. In some cases more facilities might, with advantage, be given for theatre parties, attending dances, and other social gatherings outside the hospital. The help of the general public might be enlisted in these matters and for the giving of special lectures, &c.

IX. Sources and Mode of Obtaining Applications.

(1) When organized training, with attractive prospects of promotion, and accommodation suitable for the type of applicant desired,* have been established and made known, the reputation and status of the mental hospital nursing service should be such that many hospitals will have a waiting list of candidates. A few, however, are either so isolated or otherwise unfavourably situated that they can scarcely hope to fill vacancies on their staff without advertisement or other special effort.

(2) *Descriptive Leaflet.*—To popularize mental nursing and make its opportunities known among educated members of the community, we believe that the compilation and issue of a simply worded and explanatory leaflet in which particulars are fully set out would be of use.

(3) *Central Employment Offices.*—Though each mental hospital would probably keep for its own purposes a supply of these leaflets, the best results would be obtained by entrusting their regular and systematic distribution to such agencies as are considered to be in touch with men and women possessing the qualifications necessary to enable them to respond to training. If the leaflets contained the names and addresses of the hospitals, and other particulars of interest concerning them, candidates would often forward their names direct to the place of their choice; but they might be encouraged to send them also to the agency, whereby centres would be established of no small service to mental hospitals in need of probationer nurses.

(4) *Advertisement.*—There is something to be said for the opinion that, in order to promote equality of opportunity, to secure the best qualified candidates, and to provide greater facilities for the nurse to move to another hospital, each vacancy for the post of sister and charge male nurse should be advertised. It may, occasionally, be justifiable to fill a post ordinarily intended to be held only by a certificated nurse, by appointing, temporarily and for a defined period, a promising nurse who is considered likely to pass the next Final examination; but, apart from these occasional exceptions, when there is a shortage of certificated nurses on the hospital staff, neither the post of sister (or charge male nurse), nor one of those intended to be held by none below the rank of staff-nurse, should ever be filled by promotion from within until, by advertisement or other means, it has been proved impossible to obtain an otherwise suitable applicant certificated in mental nursing. We see no objection to a nurse, who has completed training, being allowed to apply to another mental hospital for employment, even though the step is not one of promotion; and we think that the Visiting Committee's consent—

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* See page 16 (1), and footnote.

a legal necessity if time served towards pension is not to be forfeited—should only be withheld in exceptional circumstances and on grounds that can be fully justified. Changes during the probationary period waste effort, and are altogether to be deprecated; but afterwards freedom of movement, besides helping to satisfy aspirations, hinders stagnation.

Some advertisements appear to us to be less attractively worded than they might be, and we offer the following observations on the matter:—

(i) *For Probationers and Senior Probationers.*—Prominence should be given to professional training and to insistence upon work for the certificate in mental nursing, to the prospects of promotion to certificated nurses, and to the pensionable character of the service. Such an expression as "previous experience not essential" is misleading now that passing the Preliminary examination is accepted as exempting a student-nurse from recommencing *de novo*. Salary, on promotion to staff-nurse, should also be stated.

(ii) *For Staff Nurses.*—Not only should the certificate in mental nursing be demanded but, as respects women, the advantage of general hospital training should be mentioned. In this and the preceding advertisements and in that for sisters, if the necessary arrangements have been made, it should be noted that, to selected nurses, leave of absence is granted to enable them to complete their training at a general hospital. In stating salary, it is desirable to mention also the salary on promotion.

(iii) *For Sisters.*—Inasmuch as most promotions to this rank will probably be made within the hospital, we consider that, if it is necessary to advertise for sisters, double training should be a recommendation.

(iv) *For Assistant Matron.*—The advertisement should indicate double training as a requirement, and candidature should be limited to those with experience as sister in either a mental or a general hospital. In those hospitals without a sister-tutor, applicants must be capable of giving instruction in nursing.

(v) *For Matrons.*—Double training should of course be demanded, and preference given to those with administrative experience.

(vi) *Chief Male Nurses, Deputies, and Charge-Nurses.*—The remarks we have made under matrons, assistant matrons, and sisters are intended, so far as practicable, to be applicable to the corresponding posts in the male staff.

(5) *Forms of Application.*—While many that we have examined are excellent, some are meagre or too detailed or too inquisitive. At some hospitals, regulations and particulars relating to the service are issued: this is a useful practice which enables conditions to be presented to the novice, at the outset, in a proper light.

(6) *Forms of Enquiry to Referees.*—In general, the same set of questions are asked from nearly all mental hospitals. In some cases we think that certain of the questions are inappropriate for the desired type of applicant.

(7) All these forms, including the terms of advertisement, are of considerable importance and should be the subject of special consideration by Visiting Committees.

X. Concluding Remarks.

We wish to make a strong appeal to Visiting Committees and to the officers in authority at public mental hospitals to give effect to our recommendations at a very early date. We fully realize the conflicting claims for improvements in mental hospital administration, all of which entail added cost; but we are satisfied that an improvement of the nursing service lies at the foundation of advancement in mental treatment generally.

We of course desire that all mental hospitals shall be provided with the highest medical skill, and that each shall be equipped with the most modern arrangements for making a thorough investigation into the causes of mental illness in each individual; but, unless the hospital is provided with a really good nursing service, the results cannot be satisfactory. In many cases we believe that the recovery of patients is much more likely to be secured if the nursing service is really efficient, and there is substantial ground for thinking that the extra cost involved by the improvements we recommend may be saved by reducing in many instances the period during which it is necessary to detain the patient.

In order properly to carry out our recommendations they must be adopted generally. In a sense, we contemplate a national nursing service, that is to say, a service in which the same qualifications are recognized and required at all institutions for the same positions, and in which promotions may be freely obtained from one institution to another.

In connection with the Commissioners' supervisory duties and routine enquiries as to the standard of training and efficiency of the nursing staff, we suggest that it would be of great value to appoint upon the Board's inspectorate a doubly-trained nurse of wide experience and endowed with the other qualities requisite for such a post. Regular ascertainment of the best that is being done in mental nursing and the diffusion of this knowledge, in conference with medical and nursing officials at visits to mental hospitals, would, we are convinced, not only be warmly welcome, but would be a powerful stimulus to progress.

Our inquiry in regard to nursing has necessarily brought us into touch with some administrative questions in regard to the treatment of mental illness and the care of mental defectives, and we think it desirable to place on record the following general observations.

The ascertainment and study of cases of mental illness and mental defect cover an immense field, and include school work, delinquency, indigency, various forms of institutional care and the activities of welfare societies, etc. At present these questions are dealt with, both centrally and locally, by different bodies, and in our view this leads to a loss of efficiency. It seems to us that the administration of all matters relating to mental health should be vested locally in one statutory committee of the county or county borough council, which committee should be in close touch with the public health committee. In organizing arrangements to meet the requirements of each area, much wider use could, with great advantage to the services, be made of the expert staff—medical and nursing—of the mental hospitals serving that area.

We also consider it desirable that the subject should be dealt with as a mental health matter and not as part of the Poor Law, and that persons who, because of mental illness, need care and treatment at the public expense should not on that account be regarded as "paupers." The cost should be defrayed from the county or borough rate, with an adequate grant in aid from the Government payable upon the certificate of the Board of Control, who, as the central authority under the Minister of Health,* would thus be in a position to take a comprehensive view of the problems involved, The Board would then have power to see that every hospital reaches a high standard of efficiency, both as regards nursing staff—the subject with which we are directly concerned—and also with regard to other matters, such as the promotion of research, the initiation of new developments, and the adoption of new methods of treatment. While we hope that Visiting Committees will lose no time in putting our recommendations into operation, we feel that it is upon the foregoing lines of development that progress can best be assured.

XI. Summary of Conclusions and Recommendations.

(1) It is urgently necessary that the nursing service in county and borough mental hospitals should be organized and developed on systematic national and professional lines, and in accordance with the guiding principles set out in the forefront of this report.

(2) To this end :—

(i) Mental hospitals should be graded, according to adequacy of facilities, in one of the following categories :

(*a*) Training schools for the full curriculum in mental nursing (the Preliminary and Final examinations) ;
(*b*) Training schools for the Final examination only ; or
(*c*) Hospitals not recognized as Training schools.

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* This suggestion does not contemplate any change in the relation of the Board of Control to the Lord Chancellor, who is the judicial head of lunacy administration, in respect of matters of detention and property.

(ii) The Establishment should be graded in accordance with the scheme outlined in Section IV. So far as the women nurses are concerned, the nomenclature adopted is that used in general hospitals.

(iii) Candidates for training should be carefully selected, be required to conform to certain conditions as to education and fitness, and be bound by contract to undergo and to complete the stipulated training.

(iv) Probationers should undergo a period of initial tuition before any actual ward duty is assigned to them.

(v) Senior Probationers, on passing the Final examination, should be automatically graded as staff nurses.

(vi) The posts of Sister, Assistant Matron, and Matron should be improved in status and dignity comparable to the equivalent grades in general hospitals; and the corresponding ranks on the male side should be similarly improved.

(vii) No person should be placed in charge of a ward unless certificated in mental nursing,* and, in the case of those in charge of admission, sick and infirmary wards, certificated also in general nursing.

(viii) Reciprocity between mental hospitals within their groups and between each mental hospital and a general hospital is essential.

(ix) At each hospital approved as a training school a sister-tutor or other officer responsible for tutorial instruction should undertake the systematic teaching of both women and men probationers.

(3) Refresher courses should be held annually for certificated nurses and, by rotation of duties among those holding the post of sister, encouragement given to those aspiring to the higher administrative posts.

(4) The gaining of special certificates, *e.g.*, C.M.B., by trained nurses should be encouraged.

(5) Those of the present staff with good and satisfactory service, who are unable to obtain the mental nursing certificate, shall continue to receive recognition and adequate status; they should be graded as *attendants* or *charge attendants*, and there should be a distinction in pay between them and certificated nurses, in favour of the latter.

(6) *Remuneration*—

(i) The prevailing rates differentiate inadequately between the inexperienced and the trained personnel, and there is insufficient inducement to study and to advance in the service.

(ii) The rates paid to similar grades throughout the country vary unduly. This is unfavourable to the development of a mental nursing service on national lines of standardized efficiency.

(iii) The principle of relatively small pay for probationers, with substantially higher scales on completion of training, should

* Subject to the retention, under existing conditions, of *charge attendants*. (*See* page 26.)

be adopted. The possession of general hospital training should be recognized by the payment of an additional yearly sum. (Scales illustrating the practical application of these recommendations are suggested in Section V.)

(iv) The remuneration of the ranks above that of sister should be based on the scope and importance of the duties involved.

(v) The present broadly accepted principle of remuneration for male staff (*i.e.*, 20 per cent. more than for equivalent women grades) should continue for the present.*

(vi) The pay of the night staff should ordinarily be the same as for the day staff. Those permanently on night duty (though it is hoped the numbers will gradually diminish) should continue to receive increased pay where now granted.

(7) *Hours of duty.*—The conclusions and recommendations are summarized at pp. 39 and 40.

(8) The proportion of nurses on duty at night is too small to permit of sufficient attention being given to individual cases. The proportion should be increased and special instruction on night nursing given to the staff. First-year probationers should not undertake this duty. The night staff on both sides should be in charge of a nurse of at least the rank of sister (or charge male nurse).

(9) Nurses should be appointed, extra to the ordinary establishment, who would be available for the nursing of individual patients at the discretion of the medical staff.

(10) With the adoption of the scheme of training recommended it is believed that in those hospitals structurally and otherwise suitable, the nursing by women of patients in the male sick and possibly other types of male wards will prove beneficial alike to the patients and to the training of male probationers.

(11) There will, nevertheless, always be employed in mental hospitals a large male staff in both junior and senior capacities, and we strongly advocate the application, as far as possible, of the scheme of training to both sexes equally.

(12) As suitable accommodation is a powerful factor in retaining a desirable type of staff, every effort should be made to provide such accommodation in the best possible way in the light of local circumstances. On the women's side, where the provision does not already exist, the erection of Nurses' Homes, completely separated from the hospital, is advocated.

(13) The development of the social life of the staff is an important matter, and every facility and encouragement should be given to the nurses themselves to organize outdoor and indoor recreations.

(14) It is believed that, with the institution of organized universal training and the creation of adequate prospects, the status of mental nursing will be considerably raised, and there will be less difficulty in the recruitment of suitable personnel. The wording of advertisements is of importance ; and the issue of explanatory leaflets for distribution at certain suitable agencies and scholastic establishments will assist

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* Mrs. How-Martyn dissents from this conclusion.

in dispelling prejudice and attracting suitable applicants. There is something to be said for the view that, instead of filling them by internal promotion only, vacancies for all posts of sister and charge male nurse should be advertised.

(15) Appeal is made to Visiting Committees to give the earliest possible effect to these recommendations, as improvement of the nursing service lies at the foundation of advancement in mental hospital treatment generally. It is not possible to estimate what additional cost would be involved, but it would probably not be serious when calculated over a period of years.

(16) For the success of the scheme, it must be adopted generally throughout the country.

(17) The appointment upon the inspectorate of the Board of Control of a doubly trained nurse of wide experience and capacity, who would maintain close touch with questions of nursing in mental hospitals throughout the country, and be at the service of the various medical and nursing officials as an adviser, is recommended.

(18) While the subject is not strictly within our reference, our enquiry has impressed us with the need for concentrating the responsibilities in connection with mental health in one statutory committee of the county or county borough council. We are further of opinion that the cost of the maintenance of mental cases, at present defrayed by Poor Law authorities, should be a charge upon the county or county borough rate ; and that a proportion of the cost should be borne by a Government grant distributed by the Board of Control with power for the latter to withhold it in cases of inefficiency.

In concluding our report, we desire to tender our grateful thanks to the medical superintendents and other officers of mental hospitals, and to the matrons of general hospitals, who, in response to our many enquiries, have supplied us with much valuable information. In particular are these thanks due to those superintendents who, to statistical data, added commentaries which, based as they were upon mature experience and obviously earnest consideration, were of the utmost value to us ; also to the witnesses who were good enough to attend our meetings ; and for the hospitable welcome accorded by the authorities of the several hospitals which we visited. Lastly, we wish to place on record our appreciation of the ability and indefatigable energy which, despite his many other duties, have been displayed by our Secretary, Mr. Harold J. Clarke.

Signed :—

G. F. BARHAM.	LOUISE GILBERT SAMUEL.
EDITH HOW-MARTYN.	E. LANGER.
E. A. MEDUS.	M. M. THORBURN.
ELLEN F. PINSENT.	H. WOLSELEY-LEWIS.

C. HUBERT BOND (*Chairman*).

25th July, 1924.

(34-2174)

APPENDIX A.

COUNTY AND BOROUGH MENTAL HOSPITALS (ENGLAND AND WALES).

TABLE SHOWING RATIO OF STAFF TO PATIENTS.

Mental Hospitals. (Average Patients Resident.)		Day.		Night.	
		M.	F.	M.	F.
Under 500	1 nurse to	9·3	9·0	43·7	48·1
500–1,000	,, ,, ,,	10·2	10·8	59·8	64·0
1,001–1,500	,, ,, ,,	8·1	9·1	56·9	56·6
1,501–2,000	,, ,, ,,	9·5	10·0	56·2	55·6
Over 2,000	,, ,, ,,	11·3	12·8	63·7	61·4
Averages	,, ,, ,,	9·7	10·3	56·1	57·1

APPENDIX B.

HOURS OF DUTY.

Scheme of Duty Hours for a 56-hour Week, exclusive of meals, based on the principle of continuous day observation and responsibility of chargeship and the avoidance of complete change of personnel during the day hours, as well as of as much as two or more days' absence during the week. Hours not exceeding 10 per day, arranged to ensure that every turn of duty is broken by intervals during the daytime.

Weekly leave ... ... $1\frac{1}{2}$ days.
Annual leave ... ... 4 weeks.

Hours of Duty.

7 a.m. to 7.30 p.m. = $12\frac{1}{2}$ hours, with breaks of $2\frac{1}{2}$ hours during the day
= 10 × 5 hours ... ... = 50

Half-day from 7 a.m. to 1.30 p.m.. with $\frac{1}{2}$ hour's interval... ... ... = 6

Hours 56

These hours constitute the main working hours for all wards and include the rising, meal times, recreation of all patients, and the bedding of all sick patients with either mental or physical illness or infirmity, and these hours would be worked by the majority of the staff, designated for reference as Class A.

To enable physically fit patients to sit up to a later hour a small proportion of the staff coming on duty at 8 a.m. or a later hour would remain on until 10 p.m. so as to work a total of 10 hours, with the necessary breaks.

Half-day's duty from 3.30 p.m. to 10 p.m. with $\frac{1}{2}$ hour for tea, making a total of 56 hours per week, designated for reference as Class B.

All nurses would have breakfast before coming on duty and would be allowed ½ hour interval after 8.30 a.m. for toilet and lunch.

Dinner.—1 hour in three messes between 12 and 3 p.m.

Tea.—Class A, 1 hour for tea and relaxation in two messes between 4 p.m. and 5 p.m. and 5.30 p.m. and 6.30 p.m.

Class B nurses, ½ hour for tea from 6.30 p.m. to 7 p.m.

The application of Class B nurses would not be necessarily universal in the hospital. Certain wards of acute patients not requiring night observation would be bedded at 7.30 p.m. and supervised by a relief patrol nurse until 10 p.m., the night staff coming on duty at 9.45 p.m.

Workers and convalescent patients may be expected not to be bedded before 10 p.m., whereas admission and infirmary wards would bed the majority of their patients by 7.30 p.m. and would require at least two nurses on Class B, one to remain with the observation patients and one to sit up with the working and physically fit patients.

Night.—9.45 to 7.15 = $9\frac{1}{2} - \frac{1}{2}$ hour's interval = $9 \times 12 = 108$.

One night off per week ... ... 6 = 54.

Four weeks' annual leave.

Printed under the authority of His Majesty's Stationery Office,
By Harrison & Sons, Ltd., 44-47, St. Martin's Lane, W.C.2.

[10/24] (34-2174) 26347—1861 500 3/25 H & S Ltd. **Gp. 34** (1985)